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TO: U.S. Patent and Trademark Office
Examiner: Bertrand Zeade Group: 2875
Fax #703-872-9306

FROM: Steven A. Witters, Reg. No. 53,923

DATE: April 20, 2005

PAGES: 6 in total (including cover sheet)

RE: U.S. Patent Application No. 09/851,367
Attorney Docket No.: ZL327/01008

Remarks: This facsimile is a response to a Fee Deficiency Notice, having a mailing date of April 11, 2005.

Enclosed is:

- (1) Transmittal Form;
- (2) Fee Transmittal Form;
- (3) Credit Card Payment Form.

CERTIFICATE OF FACSIMILE TRANSMISSION UNDER 37 CFR § 1.8

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Signature

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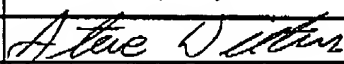
PTO/SB/21 (09-04)

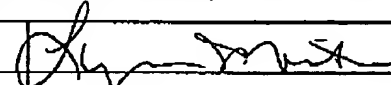
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/851,387
	Filing Date	05/08/2001
	First Named Inventor	BAILEY
	Art Unit	2875
	Examiner Name	ZEADE
	Attorney Docket Number	ZL327/01008
Total Number of Pages in This Submission		

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): FACSIMILE TRANSMITTAL FORM
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MIDDLETON REUTLINGER		
Signature			
Printed name	STEVEN A. WITTERS		
Date	04/20/2005	Reg. No.	53,923

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:	
Signature	
Typed or printed name	LYNN MINTON
Date	04/20/2005

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Paper No.

NOTICE OF FEE DEFICIENCY

The informality regarding the payment of the fee is indicated below in connection with the application.

- ☐ the original filing of the application and/or preliminary amendment (e.g. additional claim fees)
- ☒ the reply filed on 4/1/05 . The reply is not fully responsive to the prior Office action because of the following matter(s). See 37 CFR 1.111 and 37 CFR 1.135.

FEE(S) DUE

- ☐ 1. The reply (e.g., amendment) is considered incomplete in that the funds in Deposit Account No. _____ are insufficient to cover the entire fee due. The balance* is due within the time period set below.
- ☐ 2. The reply (e.g., amendment) is considered incomplete in that the Credit Card payment to cover the entire fee due to _____ (Card type + last 4 digits ONLY) was refused. The balance* is due within the time period set below.
- ☒ 3. The reply (e.g., amendment) has not been entered, since applicant has failed to remit (or authorize charge to a Deposit Account or Credit Card) the fee as indicated on the attached Patent Application Fee Determination Record. Remittance or authorization is due within the time period set below.
- ☐ 4. The filing fee of \$ _____ submitted in this application is insufficient. A balance of \$ _____ is due for presentation of excess claims (37 CFR 1.16(b) & (e)).
- ☒ 5. Other.

01 FC:1201

400.00 OP

Explanation (Provide specific details of the required correction in order to assist the applicant. Indicate whether a service charge has been added to the fee due):

A fee of \$400 is due for Additional Claims. (See Attachment)

APPLICANT IS GIVEN A TIME PERIOD OF ONE (1) MONTH or THIRTY (30) DAYS FROM THE MAILING DATE OF THIS NOTICE, WHICHEVER IS LONGER, WITHIN WHICH TO REMIT THE FEE IN ORDER TO AVOID ABANDONMENT. EXTENSIONS OF THIS TIME PERIOD MAY BE GRANTED UNDER 37 CFR 1.136.

THE INDICATED AMOUNT OF THE FEE(S) DUE IS SUBJECT TO CHANGE YEARLY ON OCTOBER 1 (37 CFR 1.16 & 1.21). THE AMOUNT OF THE FEE(S) DUE IS DETERMINED AS OF THE DATE A COMPLETE REPLY IS RECEIVED BY THE OFFICE (37 CFR 1.8 & 1.10). BECAUSE THE AMOUNT DUE IS NOT NECESSARILY THE FEE INDICATED ABOVE, IT IS RECOMMENDED THAT APPLICANT CHECK THE CURRENT FEE SCHEDULE WHICH IS POSTED ON THE USPTO'S WEBSITE AT: <http://www.uspto.gov/wcb/offices/ac/qe/oqe/fees.htm>

*Service Charges: There is a \$50 service charge for processing each payment refused (including a check returned "unpaid") or charged back by a financial institution (37 CFR 1.21(m)). There is a \$25.00 service charge for each month when the balance of a deposit account is below \$1000 at the end of the month (37 CFR 1.21(b)(2)).

Sandra Hauer
Legal Instruments Examiner (LIE) or Clerk of Group

Inquires regarding this Notice should be addressed to the above at 571-272-1604 (insert Phone Number).

PTOL-319 (Rev 3-02)

PTO/SB/17 (12-04)

Approved for use through 07/31/2008. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004, Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4878). FEE TRANSMITTAL For FY 2005		Complete if Known Application Number 09/851,367 Filing Date 05/08/2001 First Named Inventor BAILEY Examiner Name ZEADE Art Unit 2875 Attorney Docket No. ZL327/01008	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$) 400.00			

METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input type="checkbox"/> Deposit Account Deposit Account Number: _____ Deposit Account Name: _____ For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Credit any overpayments	
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FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description							Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent.							50
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent.							200
Multiple dependent claims							360
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
- 20 or HP =		x			Fee (\$)		Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20							
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
11 - 3 or HP =		x		400.00*	(This is for 2 newly added independent claims from the amendment filed on 4/1/05. Every other extra independent claim was paid for previously.)		
HP = highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)		
- 100 =	/ 50 =	(round up to a whole number) x					
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							Fees Paid (\$)
Other:							

SUBMITTED BY			
Signature	<i>Steven A. Witters</i>	Registration No. (Attorney/Agent)	53,923
Name (Print/Type)	STEVEN A. WITTERS	Telephone	502-584-1135
		Date	4-20-2005

This collection of information is required by 37 CFR 1.126. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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